



# Emergency Medical Technician-EMT License Renewal Application



## Idaho Emergency Medical Services Bureau

Send completed form to Idaho EMS Bureau, PO Box 83720, Boise, ID 83720-0036 or  
Fax to 208-334-4015

**Completion checklist:** ☐ Application ☐ Completed continuing education record

**Required Signatures:** ☐ Applicant Signature ☐ Affiliating Agency Official Signature ☐ Skills Verification Signature (Medical Director or Training Officer)

**Supporting Documentation:** ☐ LZO Course Completion Documentation ☐ Refresher Course Completion Documentation ☐ Pediatric Specific CEU's

### Applicant Information:

Social Security # \_\_\_\_\_ - - Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Drivers License # \_\_\_\_\_ DL State \_\_\_\_\_

Name \_\_\_\_\_ Gender ☐ F ☐ M

Last Name First Name Middle Name/Initial

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Circle the highest level of education: GED High School Diploma College: 1 2 3 4 5 6 7 8

### Affiliation:

Agency Name \_\_\_\_\_ Agency License # \_\_\_\_\_

Agency Chief/Director/President \_\_\_\_\_

Signature

Printed Name

Additional Licensed EMS Affiliations: \_\_\_\_\_

Check all circumstances in which you will use this certification: Volunteer ☐ True ☐ Compensated Career ☐ Full Time ☐ Part Time

### Applicant Signature:

I hereby affirm the information herein is true and correct, and that I meet all requirements for EMS licensure as established by the State of Idaho.

Signature of Applicant

Date signed

### For Bureau Use Only

Received in Bureau

Received by Licensure Program

**EMT**  
**License Renewal Education Record**

**Applicant Name:** \_\_\_\_\_

All license renewal requirements must be complete and submitted between the effective date and the expiration date of the current license. Renewal requires an EMS Bureau approved EMT refresher option, 24 hours of continuing education and verification of skills.

**A. EMT Refresher Options** (Complete one of five) – Attach proof of completion

- ☐ Traditional EMS Bureau approved Refresher # \_\_\_\_\_ Completion Date \_\_\_\_\_ Instructor \_\_\_\_\_
- ☐ CECBEMS Approved Refresher Education Online Vendor \_\_\_\_\_ Completion Date \_\_\_\_\_
- ☐ Successfully complete the NREMT EMT cognitive exam. Date Complete \_\_\_\_\_
- ☐ Completion of an agency sponsored Ongoing Training Education Plan (OTEP) approved by the EMS Bureau
- ☐ Completion of a Paramedic Program

**B. Additional Continuing Education** – Attach proof of completion

- ☐ Landing Zone Officer training (required if your license expires **after** 09/30/10)
- ☐ Four hours Pediatric specific continuing education (included in the 24 hours required)

**C. Continuing Education (24 hours required)**

Course Topic	Instructor	Date	Hours	Course Topic	Instructor	Date	Hours
Landing Zone Officer							
Total				Total			

**Skills Verification** - This is to confirm that this applicant for license renewal has completed skills verification and has performed satisfactorily to be deemed competent in the following skills:

- *Trauma and Medical Patient Assessment and Management*
- *Cardiac Arrest Management including CPR/AED Skills*
- *Ventilatory Management and Oxygen Administration to include upper airway adjuncts, suction, and Bag-valve-mask*
- *Hemorrhage Control/Shock Management*

- *Splinting Procedures to include traction splinting*
- *Assisted Medication Administration*
- *Childbirth Skills to include care of the newborn*
- *Spinal Immobilization, both seated and supine, including application of the cervical collar*

\_\_\_\_\_  
Signature of Agency Medical Director or Designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Agency Medical Director or Designee

If you have completed your Transition Course and desire to transition your license to the new curriculum level, please submit this form with your renewal application.



## ***EMS Personnel License Transition Application***

### ***Idaho Emergency Medical Services Bureau***

Send completed form to: Idaho EMS Bureau, PO Box 83720, Boise, ID 83720-0036 or  
Fax to: 208-334-4015 or Email to: [EMSProvLic@dhw.idaho.gov](mailto:EMSProvLic@dhw.idaho.gov)



**Level Applying For:** ☐ Emergency Medical Responder (EMR) 2011 ☐ Emergency Medical Technician (EMT) 2011

SSN –or– EMS License # \_\_\_\_\_

Name \_\_\_\_\_  
Last Name First Name Middle Name

Transition Course # \_\_\_\_\_

Transition Education was completed within one (1) license duration (36 months) Yes\_\_\_ No\_\_\_ Date From: \_\_\_\_\_ To: \_\_\_\_\_

I hereby affirm the information herein is true and correct, and that I meet all requirements for an updated EMS license as established by the State of Idaho.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
Date signed